

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029066

Entity Name: GABESCA, LLC

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

3601 NW 55 STREET
SUITE 202
MIAMI, FL 33142 27

Current Mailing Address:

3601 NW 55 STREET
SUITE 202
MIAMI, FL 33142 27

New Principal Place of Business:

3601 NW 55 STREET
SUITE 202
MIAMI, FL 33142 US

New Mailing Address:

3601 NW 55 STREET
SUITE 202
MIAMI, FL 33142 US

FEI Number: 20-5411607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, RAFAEL A
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CASARIEGO, ORLANDO J
Address: 3601 NW 55 STREET, SUITE 202
City-St-Zip: MIAMI, FL 33142 27

Title: MGR () Delete
Name: CASARIEGO, HUMBERTO F
Address: 3601 NW 55 STREET, SUITE 202
City-St-Zip: MIAMI, FL 33142 27

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CASARIEGO, ORLANDO J
Address: 3601 NW 55 STREET, SUITE 202
City-St-Zip: MIAMI, FL 33142 US

Title: MGR (X) Change () Addition
Name: CASARIEGO, HUMBERTO F
Address: 3601 NW 55 STREET, SUITE 202
City-St-Zip: MIAMI, FL 33142 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ORLANDO J. CASARIEGO

MGR

02/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date